



INCIDENT REPORT

All incidents are to be emailed to incident@hornblower.com the same day the incident occurs. The form should be completed by the Captain or First Officer. It should then be submitted to a Port Captain the same day. Follow-up will be made as deemed necessary. Remember to FILL OUT COMPLETELY and with as much detail as possible as soon as the incident has been safely resolved and reported.

HRE Use Only
#
Submitted:

I. INCIDENT INFORMATION: PRELIMINARY REPORT, SUBJECT TO CHANGE	
Vessel or Facility: <u>Pier 15</u>	Time/Date of Incident: <u>3:30pm 3/14/20</u>
Location of Vessel: <u>Pier 15</u>	Type of Incident:
Where on the vessel or facility did the incident occur? <u>off the Pier on the Sidewalk</u>	
II. INJURED / ILL PARTY: Select Option	
Name of Injured / Ill: <u>Lenny Molina</u>	Name of Witness:
Contact Number: <u>201-780-8197</u>	Contact Number:
Address: <u>390 Greenwood Av</u>	Address:
<u>Pottsville PA. 17901</u>	
Gender: Select Option <u>Male</u> Date of Birth: <u>05/12/1980</u>	Body Part Affected:
Injury Type: Select Option <u>Left toe injury</u>	
III. INCIDENT DETAILS: Select Option	
<u>Was lifting a Cambro from the van when the Cambro was placed on the ground + tipped over and fell onto Lenny's left Big toe.</u>	
1. Did an HCE Employee witness the incident? Select Option <u>NO</u>	
2. Total Passengers on board: <u>N/A</u>	1a. Name(s):
5. Lighting Conditions: Select Option <u>Sunny</u>	3. Underway: Select Option
7. If Damage to Property: include type of damage, type of property, owner of property: <u>N/A</u>	4. Deck/Floor Condition: Select Option
6. Signage Posted: Select Option	
IV. NOTIFICATIONS MADE: (Who was called?)	
1. Was Port Captain notified: Select Option	1a. Name:
2. Was USCG notified: <u>NO</u> Select Option	1b. Time of Notification:
3. Police notified: <u>NO</u> Select Option	2a. CG 2692 Incident Report Required: Select Option
4. Was EMS called: <u>NO</u> Select Option	3a. Report taken: Select Option
4a. Time Called:	
V. CREW	VI. WEATHER CONDITIONS
Crew Onboard:	Knowledge of Incident:
Captain:	Alcohol/Drug Test Given:
First Officer:	Weather:
Event Manager:	Visibility:
Chef:	Tide:
Bartender:	Current:
	Wind Speed/Dir:
VII. DETAILS OF INJURY / ILLNESS AND TREATMENT	
1. Was First Aid Administered: Select Option <u>Yes</u>	1a. What? <u>Ice Pack</u>
2. Did party DECLINE First Aid Treatment? Select Option	1b. By Whom? <u>Abdul Gafur</u>
3. Did the injured person refuse to give info regarding the incident? Select Option <u>NO</u>	4. Did the person lose consciousness? Select Option <u>NO</u>
4. Was the injured person unable to give info regarding the incident? Select Option <u>NO</u>	5. Did the person lose consciousness? Select Option <u>NO</u>
6. Was Automated External Defibrillator (AED) used? Select Option	7. Body Ailments? Select Option <u>Foot Pain</u>

8. Was the person taken to a hospital or medical facility? Select Option	NO	8a. Name of Hospital / Facility:
9. Were they taken by ambulance? Select Option	NO	9a. From where:
10. Was the person consuming alcohol prior to the incident? Select Option	NO	10a. If so, how much?
11. Alcohol/Drug Test Given? Select Option	NO	12. Type of footwear being worn? Select Option
Kilena Shoes		
VIII. VIDEO FOOTAGE/PICTURE(S) OF INCIDENT		
1. Was the incident captured on our security system? Select Option		
2. Was footage requested? Select Option		3. Who was notified?
4. If footage was not pulled, please explain why:		
Please submit video footage via google drive to incident@hornblower.com . If the file is too large to send, notify your local HR contact. Submit any photos of the area of the incident and attach when submitting incident report to incident@hornblower.com .		
I have completed this form to the best of my ability regarding the incident at hand. I have made honest and accurate accounts to the best of my knowledge and I have not provided any false or dishonest statements or information.		
Report Filed out by: Cordell Tillman		Position: Senior Per Manager
Signature: Cordell Tillman		Date: 3/14/20

INCIDENT REPORT WITNESS STATEMENT:

The section below should be offered to a witness of the incident. If accepted, allow the witness to complete. Have each individual complete a witness statement and attach to this report.

CONTACT INFORMATION:	
1. Name: Lenita McQuinn	
2. Address: 390 Greenwood Ave	
3. Telephone: 201-780-8197	3a. Best time to reach you:
4. Name of Injured Person: Len	4a. Relationship to Injured Person:
5. Date and Time of Incident:	5a. Are you a(n): Select Option
6. Did you personally observe the incident? Select Option	
7. Please describe what you saw in as much detail as possible:	
I have completed the form as completely and accurately as possible. To the best of my ability, I have reported the incident as accurately and completely as possible. I have not made any false statements or inaccurate statements.	
Signature:	Date: